

**SMITH & McARTY PLLC**  
**Attorneys at Law**  
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**Ridgeland, MS 39157**

LESTER F. SMITH  
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TELEPHONE 601-853-8851  
TELECOPIER 601-853-8843

May 19, 2015

MARSHA M ETHERIDGE  
67 CECIL SMITH RD

CARRIERE MS 39426-8473

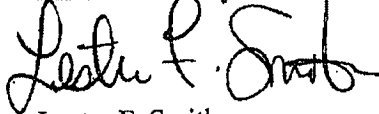
Re: DISCOVER BANK  
vs  
MARSHA M ETHERIDGE

Enclosed is verification of the above debt.

*Itemizations (Jan. 2013 - Feb. 2015)*

Sincerely,

Smith & McArty PLLC



Lester F. Smith  
Attorney for Plaintiff

THIS COMMUNICATION IS FROM A DEBT COLLECTOR. THIS IS AN  
ATTEMPT TO COLLECT A DEBT. ANY INFORMATION OBTAINED WILL BE  
USED TO COLLECT THIS DEBT.



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LESTER F. SMITH  
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TELEPHONE 601-853-8851  
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May 21, 2015

MARSHA M ETHERIDGE  
67 CECIL SMITH RD  
CARRIERE MS 39426-8473

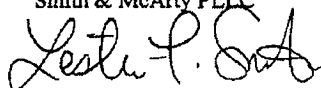
Re: DISCOVER BANK  
vs  
MARSHA M ETHERIDGE

Enclosed is verification of the above debt.

*Application*

Sincerely,

Smith & McArty PLLC



Lester F. Smith  
Attorney for Plaintiff

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# Pre-Approved Quick Form

Please select only one Card design.

- ☐ American Flag (A)
- ☒ Dolphin (B)
- ☐ Bear (C)
- ☐ Rooster (F)
- ☐ Seal (G)
- ☐ Spirit (H)
- ☐ Light House (I)
- ☐ Grand Teton (J)
- ☐ Patriotic (K)

Indicate name and address, indicate any changes. Color is not transferable.

## INITIAL CREDIT

REPLY BY: April 15, 2003

Marsha M. Smith  
67 Cecil Smith Rd  
Corriere, MS 39426-8473

12246

I warrant the ability to get my personal information  
delivered to the address indicated on the card.  
Indicate any changes to the address indicated on the card.  
Indicate any changes to the address indicated on the card.  
Indicate any changes to the address indicated on the card.



This information is required to complete the application.

Social Security Number: 4126 Date of Birth: 59

Home Phone: 602 998-2270

Work Phone: 09

Do You: ☒ Yes ☐ No ☐ Other ☐ Student ☐ Credit First Time

Employer: *Levire*

Company: *Levire*

Address: *Levire*

Additional Card: *Levire*

Card Number: *Levire*

Card Name: *Levire*

Card Address: *Levire*

Card Phone: *Levire*

Card Social Security: *Levire*

Card Date of Birth: *Levire*

Card Home Phone: *Levire*

Card Work Phone: *Levire*

Card Do You: *Levire*

Card Employer: *Levire*

Card Company: *Levire*

Card Address: *Levire*

Card Card Number: *Levire*



Discover Card

Card Number: *Levire*

Card Name: *Levire*

Card Address: *Levire*

Card Phone: *Levire*

Card Social Security: *Levire*

Card Date of Birth: *Levire*

Card Home Phone: *Levire*

Card Work Phone: *Levire*

Card Do You: *Levire*

Card Employer: *Levire*

Card Company: *Levire*

Card Address: *Levire*

Card Card Number: *Levire*

PEF2 MASE 04

SOB3 0

Your Signature: *Marsha M. Smith* DATE: *03/21/03*